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Air-raids and the crowd: *citizens at war*

Edgar Jones explores how British people responded to air raids during the Second World War and what this might tell us about the capacity of ordinary people to cope under extreme stress.

The declaration of war in September 1939 exposed civilians in Britain not only to the prospect of an invasion but also to the threat of chemical weapons. Planners believed that Germany would conduct an intense aerial campaign, dropping not only incendiaries but also bombs filled with poison gas. In autumn 1938, 38 million gas masks were issued and Air Raid Precautions (ARP), a civil defence organisation set up in 1924, trained people in their use; decontamination centres were set up and the emergency services taught first-aid for toxic exposure. In the event, German raids focused on London and for eight months, from 7 September 1940 to 10 May 1941, the capital was bombed on a nightly basis. Then, having failed to invade the UK, Hitler turned his attention to the Soviets and period of relative calm followed. Yet, in summer 1944, just when people thought that the war was as good as won, the V1 and V2 rockets brought death and destruction back to London and the south east. This article explores the impact of air-raids on civilian morale and whether there are any lessons to be learned about peoples' capacity to cope in light of the current terrorist threat.

Predictions of panic

In the build-up to war, military planners and health-care professionals judged that the British people lacked the coping skills to resist a determined bombing campaign. In a best-selling study, Wilfred Trotter, professor of surgery at University College Hospital, argued that the protective instinct of 'gregariousness', which drew people together in time of crisis, would not be effective in wartime. Without the formal bonding and discipline found in hierarchical groups, such as the armed forces, he predicted that civilians exposed to danger would collapse into an 'undisciplined civil mob' with a propensity to 'panic' (Trotter, 1919, pp. 150-51). Trotter drew on the ideas of the French anthropologist, Gustave Le Bon, who had argued that individuals absorbed into an heterogeneous crowd became impulsive and irritable, losing the capacity to exercise judgment (Le Bon, 1897, p. 35). Whilst the First World War had demonstrated that most civilians, if organized into homogeneous military groups, could cope with the intense stress of the battlefield, serious doubts remained about those who had not been trained and subjected to army discipline.

Furthermore, observations of how Londoners behaved when subjected to air-raids during the First World War appeared to confirm Trotter's belief in the inherent weakness of heterogeneous groups. In the context of a high-casualty war, Zeppelin airships and Gotha bombers killed relatively few UK civilians (1,239 in total). Yet, between 100,000 to 300,000 Londoners took shelter in Underground stations, whilst a further 500,000 were thought to have sought refuge in basements and cellars. This behaviour was interpreted by the Committee of Imperial Defence (CID) as evidence

of lack of resolve. The CID, which in 1937 estimated that a 60-day aerial bombardment would kill 600,000 and wound 1.2 million, believed that the psychological effects would be 'out of all proportion greater' than the physical effects, fearing 'a disorderly general flight' from the capital (Titmuss, 1950, p. 18). As a result, the primary aim of ARP services was 'the maintenance of the morale of the people'. Plans were laid for some 17,000 regular troops and 20,000 reserve constables to be drafted into London to control the expected mass exodus from the capital and to prevent panic at main-line stations (Titmuss, 1950, pp. 13-19). Despite these pessimistic forecasts, Trotter had offered a crumb of hope: homogeneity could be fostered finding roles for civilians and by reducing inequality created by 'the social system of class segregation' (Trotter, 1919, pp. 155-56).

Controversy

The pessimistic forecast of the CID proved wildly inaccurate as a total of 146,777 civilians were killed or seriously injured in the UK during the Second World War. Of these, 80,397 (54.8%) were in London region (O'Brien, 1955). Historians are divided about the impact of this mortality on morale. Not surprisingly the official historians, O'Brien and Titmuss, argued there was no panic and that the health of the nation actually improved during wartime. Dissenters from this position include Angus Calder who argued that Britain in 1940 provided 'ample evidence, familiar and unfamiliar, to indicate widespread fear and paranoia bordering on panic' (Calder, 1991, p. 109). Clive Ponting maintained that the 'Blitz spirit' owed more to government propaganda and a censored media than to reality (Ponting, 1990).

What evidence, then, survives from the period to inform us about the people's morale? At first, the government relied on anecdotal reports from officials and surveys commissioned from Mass-Observation. However by autumn 1941 the Ministry of Home Security had directed its Research and Experiments Department to investigate the impact of air raids on morale and productive output onwards, using a range of measures from absenteeism and sickness from work, destruction of houses, content analysis of newspaper reports and population surveys. It is from these investigations that our understanding of the conflict is best understood.

Chemical Weapons

Because of the real threat of chemical weapons, the government commissioned regular surveys of the percentage of the population carrying their respirator as an indicator of readiness. On the outbreak of war, it was estimated that 75% of the population took their gas mask with them but the absence of air-raids saw the proportion fall to 5% by spring 1940. Defeat in France and the Dunkirk evacuation witnessed a temporary rise to 30% but by the time the Blitz hit London the Home Office reported, 'there is no evidence that a large proportion of people anywhere now carry their gas masks' (Anon, 1940, p. 2). Intelligence officers at the Home Office interpreted a low level of mask carrying in Liverpool in January 1941 as an indicator of high morale and civilian confidence. However the final phase of the Blitz, when U-boats were sinking record tonnages of Allied shipping and German forces advanced through the Balkans, saw the carrying of masks in London again become a common sight (Calder, 1969).

Evidence from the First World War suggested that soldiers who had been trained in anti-gas measures and habituated to the threat in the front-line coped well during gas attacks. Civilians in the Second World War were never tested but evidence from Japan (where in March 1995 the Aum Shrinriko cult released sarin into the Tokyo subway) and Israel during the first Gulf War (where some misinterpreted the conventional detonations of Scud missiles as chemical weapons) suggests that bombs filled with mustard gas or anthrax would have eroded morale. The preparedness of the UK population and the fact that Britain was ready to take retaliatory action were likely reasons why Hitler never employed this strategy, together with practical difficulties of delivering a significant quantity of toxin over a large city.

Psychosomatic illness

In April 1941, Tom Harrison, one of the founders of Mass-Observation, created a controversy by writing to the *BMJ* to suggest that doctors had missed an epidemic of hidden illness caused by the psychological effects of air-raids (Harrison, 1941). Traumatized civilians, he argued, simply went to bed and stayed there as stigma deterred them from going to see their family doctor. Although number of psychiatrists refuted his claim, anecdotal evidence suggested a significant increase in psychosomatic disorders. Felix Brown, a psychiatric registrar at Guy's, observed an increase in cases characterised by medically unexplained symptoms in patients with no history of mental illness (Brown, 1941, p. 687). In August 1940, after a series of raids on Bristol, D. Molesworth, an official in the intelligence branch of the Ministry of Home Security, interviewed a panel doctor based in Filton, a northern suburb of the port, who reported an increased incidence of indigestion cases, and estimated at least 15% absenteeism from work after severe bombing (Molesworth, 1940: 2). Edward Glover, a London psychoanalyst, argued that civilians suffering from the trauma of air raids tended to express their distress as bodily sensations and were either treated as cases of apparent organic illness or suffered without referral (Glover, 1942).

Casualty rates

To convince the US Government that Britain had not succumbed to an epidemic of psychological illness, Aubrey Lewis was asked to provide a report on 'the incidence of neurosis' (Lewis, 1942). He found no significant increase in psychiatric morbidity and concluded that most of those who broke down after air-raids had a history of vulnerability to stress. If the surveys conducted by various government departments were accurate and there was no evidence of a collapse in morale or a significant rise in psychological casualties, how can we explain the impact of the 60,595 civilian deaths? The crude explanation is that the mortality rate remained relatively low given the size of the urban population and the length of the conflict. In London, for example, the 29,890 deaths represented 0.3% of the capital's population. The highest rates were in Plymouth and Coventry where in both towns 0.5% of residents were killed (Anon, 1948). From 1941 onwards, increasing resources were deployed to research designed to measure how much destruction needed to be wrought on Germany cities to bring about a collapse in morale and manufacturing capacity

(Overy, 2014). Without the capacity of Bomber Command and the US Eighth Air Force, Hitler attacked UK civilians directly with rockets and an indirectly through a U-boat campaign designed to sever food supplies.

However during the conflict itself, a number of psychiatrists argued that the health effects of the conflict might not be revealed until the return of peace. Aubrey Lewis warned that the full effect of 'war-related stress' might be delayed and that 'the evil harvest may be reaped afterwards' (Lewis, 1943, p. 27). Equally, a national survey conducted in 1943 by Dr C.P. Blacker found that many directors of psychiatric clinics believed that 'latent neurosis' existed in the civilian population. Whether this developed into overt psychological or psycho-somatic disorder after the war was dependent on 'the social and economic conditions... and the moral atmosphere which prevailed' (Blacker, 1946, p. 175). In essence, Blacker believed that the availability of employment and attitudes towards work would determine the volume of war pension claims for traumatic illnesses.

Anniversary of 7/7

Media reports of the tenth anniversary of the 7 July bombings have focused on resilience and compassion exhibited by both civilians and members of the emergency services. No examples of panic or dysfunctional fear have been reported. In this sense the narrative of the Blitz and the terror attack are similar in content. The events are, however, on a different scale and it would be unwise to infer from civilians engaged in a national war of survival when the dominant culture was 'stiff-upper-lip' that people uniformly have a high threshold to trauma.

[Text 1,900]

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